FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

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Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically. Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) Committee To Re-elect Steve Mangan DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for: (Rev. 12/2009) REPORT (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (10) School Board or Other Pack (10) School Board Other Pack (10) For Office Use Only 11 ) Local Ballot Issue Comm # CANDIDATE COMMITTEES ONLY: Logged in Political Party (if applicable) Republican Candidate Name Scanned Steve Mangan Computer Office Sought Recorder District (if Senate or House) Audited Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. 01/19/2011 REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. I AM FILING A \_ (report date) Indicate by # 1 ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election 11/02/2010 ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held Clinton STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ......\$ 447.73 ADD TOTAL MONEY TAKEN IN THIS PERIOD 1,175.00 Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ...... Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) 1,622.73 SUB-TOTAL....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD 1,545.86 Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)..... 76.87 Schedule F: Loan Repayments total (Attach Schedule F)..... 0.00 CASH ON HAND at the end of this reporting period (if final report balance must be zero) ......\$ \*\*UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ \*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ......\$ 423.13 \*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ YES K NO CONSULTANT BREAKDOWN (Schedule G Attached?) **CANDIDATE COMMITTEES ONLY:** VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

# For Instructions, See Back of Form CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Re-elect Steve Mangan

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
10/21/10	ID# CK#	Steve Mangan 2223 320th Ave. De Witt, Ia. 52742	Same	\$ 350.00	INCOME
10/24/10	ID# CK#	Joan Burke 1986 290th Ave.		50.00	
10/24/10	ID# CK#	Leon McGarry 2158 330 Ave. De Witt, Ia. 52742		25.00	
10/25/10	ID# CK#	Steve Mangan 2223 320th Ave. De Witt, Ia. 52742	Same	500.00	
10/30/10	ID# CK#	Mary Wylie 24722 270th Ave. Princeton, Ia. 52768	Sister	150.00	
10/31/10	ID# CK#	Steve Mangan 2223 320th Ave. De Witt, Ia. 52742	Same	100.00	
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	ID#		<del> </del>	<del>-</del>	
	CK#				
Arteria (12) m. g. mag kang jaran			SUB-TOTAL		

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

TOTAL (If last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

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### **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Re-elect Steve Mangan

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/18/10	ID# CK#	The Observer P. O. Box 49 De Witt, Ia. 52742	Newspaper Ad	\$ 63.10
10/19/10	ID# CK#	KROS Radio 370 13th Ave. N P.O. Box 0518 Clinton, Ia. 52732	Radio Ad	68.00
10/20/10	ID# CK#	KROS Radio 370 13th Ave. N P.O. Box 0518 Clinton, Ia. 52732	Radio Ad	246.00
10/20/10	-ID# CK#	Clinton Herald 221 6th Ave. S Clinton, Ia. 72732	Newspaper Ad	212.•0
10/21/10	ID# CK#	The Observer P. O. Box 49 De Witt, Ia. 52742	Newspaper Ad	63.10
10/22/10	ID#	Office Max 2808 S. 25th St. Clinton, Ia. 52732	Printer Ink & Paper	109.10
10/25/10	ID# CK#	KMAQ 129 N. Main Maquoketa, Ia. 52060	Radio Ad	126.00
10/05/10	ID#	Clinton Herald 221 6th Ave. S	Newspaper Ad	
10/27/10	CK#	Clinton, Ia. 72732		175.50
		<u>andring granner for the contract of the contract of the first of the contract of the contract</u> of the contract of	SUB-TOTAL	\$ 1,062.90
			TOTAL (if last page of this schedule)	\$

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(I).)

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee To Re-elect Steve Mangan

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DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/25/10	ID#	The Observer P. O. Box 49 De Witt, Ia. 52742	Newspaper Ad	\$ 50.48
10/28/10	ID# CK#	The Observer P. O. Box 49 De Witt, Ia. 52742	Newspaper Ad	75.72
10/28/10	ID# CK#	Clinton Herald 221 6th Ave. S Clinton, Ia. 72732	Newspaper Ad	212.10
11/04/10	-ID# CK#	The Observer P. O. Box 49 De Witt, Ia. 52742	Newspaper Ad	63.10
11/04/10	ID# CK#	Clinton Herald 221 6th Ave. S Clinton, Ia. 72732	Newspaper Ad	56.56
11/05/10	ID# CK#	Charlotte Web 122 1st St. E. Charlotte, Ia. 52548	Newspaper Ad	25.00
	ID# CK#			
	ID#			
	Para de la constanta de la con		SUB-TOTAL	\$ 482.96

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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TOTAL (if last page of this schedule)

1,545.86

FOR INSTRUCT	ONS, SEE BACK OF FORM			SCHEDULE	
	NAME (Must be same as on Statement of Orga Fo Re-elect Steve Mangan	nization)		E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<u> </u>			Reset Form	CHECK AMEND	THIS BOX IF DING FORM
DATE		RELATIONSHIP	DESCRIPTION	I CONTRACTED	
RECEIVED	NAME AND ADDRESS	TO CANDIDATE	DESCRIPTION	ESTIMATED	√ IF FOR

DATE		RELATIONSHIP	DECODITION	T 20-11-11-11	<del></del>
RECEIVED (MM/DD/YR)	NAME AND ADDRESS	TO CANDIDATE	DESCRIPTION OF IN KIND	ESTIMATED FAIR MARKET	√ IF FOR FUND-RAISER
(IMMUDDITK)	OF CONTRIBUTOR	* (if applicable)	CONTRIBUTION	VALUE	CONTRIBUTION
01/10/2011	Steve Mangan 2223 320th Ave. De Witt, Ia. 52742	Same	Loan Forgiveness	\$ 423.13	
	·				
			SUB-TOTAL	\$	
			TOTAL (if last page of this schedule)	\$ 423.13	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)

	NE(Must be same as on Statement of Organization) Re-elect Steve Mangan		RESET	SCHEDULE F (Rev. 02/08)	LOANS RECEIV & REPAI
	ule reports money loaned to the committee which is deposited i		== account. 500.00	CHECK AMENDIN	THIS BOX
RTI- MONETA (Original :	ARY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD source of loan, such as a bank, must be shown if a third party k	s involved. Inc	clude loans from candid	date's personal f	unds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (include Endorser's Name, if Applicable)		RELATIONSHIP TO DIDATE (If Applicable)	AMOUNT (	F LOAN
				\$	
					_
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		TOTA	L <i>(PART I)</i>	\$	
ART II - MONETA (Loans fo	ARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIO Orgiven must be reported on Schedule E – In-kind Contributions	n	L (PART I)	\$	
ART II - MONETA (Loans fo DATE PAID (MM/DD/YR)	ARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIO Orgiven must be reported on Schedule E – In-kind Contributions NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	D 3.)	L (PART I)  ELATIONSHIP TO  DIDATE* (If Applicable)	AMOUNT R	
(Loans fo	Orgiven must be reported on Schedule E - In-kind Contributions  NAME AND ADDRESS OF LENDER	R CANI	ELATIONSHIP TO	AMOUNT R	EPAID
DATE PAID (MM/DD/YR)	orgiven must be reported on Schedule E - In-kind Contributions  NAME AND ADDRESS OF LENDER  (include Endorser's Name, if Applicable)	R CANI	ELATIONSHIP TO DIDATE* (If Applicable)	AMOUNT R	EPAID
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DATE PAID (MM/DD/YR)	orgiven must be reported on Schedule E - In-kind Contributions  NAME AND ADDRESS OF LENDER  (include Endorser's Name, if Applicable)	R CANI	ELATIONSHIP TO DIDATE* (If Applicable)	AMOUNT R	EPAID
DATE PAID (MM/DD/YR)	orgiven must be reported on Schedule E - In-kind Contributions  NAME AND ADDRESS OF LENDER  (include Endorser's Name, if Applicable)	R CANI	ELATIONSHIP TO DIDATE* (If Applicable)	AMOUNT R	EPAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)  Steve Mangan	CANE	ELATIONSHIP TO DIDATE* (If Applicable)  Same	AMOUNT R	B7